

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
COMMUNITY PARTNERS
ABILITY-TO-PAY PLAN – MY HEALTH LA
138% FEDERAL POVERTY LEVEL (FPL)

(Effective April 1, 2019 through March 31, 2020)

FAMILY MEMBERS LIVING IN THE HOME ¹	TOTAL MONTHLY INCOME MAXIMUM ²
<input type="checkbox"/> 1	at or below \$ 1,437
<input type="checkbox"/> 2	at or below \$ 1,945
<input type="checkbox"/> 3	at or below \$ 2,453
<input type="checkbox"/> 4	at or below \$ 2,962
<input type="checkbox"/> 5	at or below \$ 3,470
<input type="checkbox"/> 6	at or below \$ 3,978
<input type="checkbox"/> 7	at or below \$ 4,487
<input type="checkbox"/> 8	at or below \$ 4,995
<input type="checkbox"/> 9	at or below \$ 5,503
<input type="checkbox"/> 10	at or below \$ 6,012
<input type="checkbox"/> 11	at or below \$ 6,520
<input type="checkbox"/> 12	at or below \$ 7,028

More than 12 Members

For each additional member, add \$ 509

¹ Include unborn and domestic partners in family size.

² For ATP, all deductions are eliminated:

- \$90 per working person.
- Child Care
- Medical Insurance expenses, and
- Alimony/Child Support Paid